Jun-29-10	11:48am From-Nov	artis V&D IP Dept		510-923-3542	T-576 P.002	2/003 F-074
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	30 00 DAPILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO
10/733,767 ITLE OF INVENTION	12/12/2003 N: DEVICE AND METH	OD FOR IN-LINE BLOC	David Y. Chien DD TESTING USING BIO	OCHIPS	072121-0371	9347
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. Club the names of up to 3 registered patent attometys or agents OR, alternatively. Club the names of up to 3 registered patent attometys or agents or agents OR, alternatively. Club the names of up to 3 registered patent attometys or agents or agents OR, alternatively. Club the names of up to 3 registered patent attometys or agents or agent or						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Novartis Vaccines and Diagnostics, Inc. Emeryville, CA						
			_	Individual Corpora	ition or other private gre	oup entity Govern
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Coverning 4a. The following fee(s) are submitted: A check is enclosed. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit eard. Form PTO-2038 is attached. Payment by credit eard. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-1004 (enclose an extra copy of this form						
5. Change in Entity Status (from status indicated above) 1. Change in Entity Status (from status indicated above) 1. Change in Entity Status (from status indicated above) 1. Change in Entity Status (from status indicated above) 1. Change in Entity Status (from status indicated above)						
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Authorized Signatu		sler		DateJune 3		·_···
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Joy M. Marshall	(Depositor's no
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oute 30, 2010	(0)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
Atteleation		0 114 611	072121-0371	934 7
10/733.767	12/12/2003	David Y. Chien	Q12121-0371	

ITLE OF INVENTION: DEVICE AND METHOD FOR IN-LINE BLOOD TESTING USING BIOCHIPS

nonprovisional NO \$1510 \$300 \$0 \$1810 07/02/2010 EXAMINER ART UNIT CLASS-SUBCLASS LAM, ANN Y 1641 435-006000 Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer PTO/SB/47; Rev 03-02 or more recent) attached.		SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Novartis Vacci	nes and	Diagnostics,	Tuc
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5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Amy Hessler

June 30 2010

50,310 Registration No.

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